

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
 County Registrar No. _____
 Local Registrar No. 73

2. Full name of child Angelina Citegal
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? -
 7. Date of birth Oct 21 1927
 Month Day Year

8. FATHER
 Full name Estanislado Citegal
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Ensenada
 (State or country) Baja California Mex.

13. Occupation Current Worker
 Nature of Industry Apprentice

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 9
 (b) Born alive but now dead 6
 (c) Stillborn _____

14. MOTHER
 Full maiden name Eugenia Lopez
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

16. Color or race Mexican
 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) La Paz
 (State or country) Baja California Mex.

19. Occupation Housewife
 Nature of Industry _____

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 5:00 PM m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Ernesta Romero
 Address Hayden, Arizona
 (Physician or midwife)

Given name added from a supplemental report. Month, day, year _____
 Filed Oct 26, 1927

Registrar _____
 Local Registrar W.D. Jack
 County Registrar _____

101-1021-529